

# OUT-OF-THE-BODY EXPERIENCES

BY MARGARET EASTMAN

*The Psychophysical Research Unit, Oxford*

## INTRODUCTION

Most people are familiar with the notion of survival. Yet the idea of being able to exist apart from the body while still alive seems very strange to them. It seems strange even to those who have had experiences which compel them to consider the possibility. One description of such an experience runs:

'When I got up with the intention of getting back into bed, to my surprise and a feeling of horror, I saw my own body stretched out on the bed asleep — at any rate completely motionless. At the same time it seemed that some invisible force lifted me and placed me on the bed and I was compressed back into that body as a picture into its frame. . . . When I had recovered my composure I could think of no rational explanation of what had occurred but I went over each impression and movement very carefully so I should not give a garbled account of what had taken place.'<sup>1</sup>

This particular person was surprised as soon as she realized that she was apparently 'out of her body'; but others have reported feeling no astonishment until afterwards and remark especially on the calm lack of concern which had characterized the experience. The strikingness of the phenomenon has led, whether rightly or wrongly, to the grouping together of all experiences in which it occurs under such names as 'astral projection' or 'astral travelling', 'separation' and 'out-of-the-body experiences'.

In the view of many current theories of the nature of the mind, the whole status of out-of-the-body experiences is highly controversial. Accordingly we shall first of all discuss the nature of the evidence for their occurrence and how far it justifies the various inferences sometimes drawn from it. After that will come descriptions of the various sets of circumstances in which these experiences occur, and then follow some comments on their psychological and physiological characteristics. The concluding paragraphs pose some of the questions they raise.

<sup>1</sup> C. E. Green, 'Analysis of Spontaneous Cases', *Proc. S.P.R.*, 53 (1960), p. 143.

# THE EVIDENCE FOR OUT-OF-THE-BODY EXPERIENCES

Accounts of out-of-the-body experiences can, of course, be accepted at face-value as accurate descriptions of experiences in a quasi-physical body. But it is important to realize that the evidence does not *inevitably* lead one to this conclusion. This point will be readily appreciated if considered in relation to a particular case. The following account is taken from the S.P.R. Research Files and tells of an out-of-the-body experience that took place under ether and chloroform.

'In June 1884 I had been suffering with an ear trouble and had become deaf in my right ear and suffered intensely. At Bradford, Pennsylvania, I consulted with Dr C. H. Reid (*sic*) and was advised to submit to an operation. I made arrangements to have him come to my house and perform the operation. He came with an assistant and they delivered gas. They told me what to do in inhaling, but told me nothing of how the operation would be performed. They placed me on a lounge with a spread over it and at the head of the lounge had a stand for the instruments. I lay on my back with my hands clasped and began breathing in the gas.

'The sensation was pleasant and it seemed as if I was listening to pleasant music. Suddenly I realized I was becoming unconscious. I thought that I did not care to take too much of it and that I would make the doctors think I was unconscious so I let my hands gradually slip apart and just as my finger tips separated I felt as if I raised up from the couch and found myself standing in the corner of the room and rubbing my eyes and feeling very sleepy. I stood facing the wall but turned around and could not think what was going on. There were the two doctors and someone lying on the couch and all at once it occurred to me that the person on the couch was myself and that I was going to see the operation. I heard Dr Reid say, "There — he has enough, turn him over and be careful of the pillow, don't smother him," and it amused me. I went around on the back side of the couch to see the operation and saw the doctor take a knife from his case on the stand and the assistant place a towel to catch the blood. In the operation I saw a small artery cut and the blood spurted so that I jumped out of the way. One doctor caught it with a pair of nippers and the other fastened it. In the operation I saw the doctor take another knife from the case and get a spot of blood on some buckskin it was wrapped in which I afterwards told him of.

'After the operation I saw them cleanse the cut with a syringe, unroll a paper on the stand, take out some substance and with an instrument begin to put this into the wound. I tried to remonstrate with them thinking it would dry in, but they paid no attention to me and I became much enraged. It finally occurred to me that they did not know I was there and I must see things away from where my body was lying or they would

not believe I saw the operation. Finally they finished dressing the cut and Dr Reid told his assistant to take away the towels so I would not see the blood and I laughed heartily. He rolled up the towels and took them out into the hall and stuck them under a stand. I saw the letter "S" on the towels as they were lying there. I went back into the room ahead of the doctor and Dr. Reid was laying aside his instruments. His assistant felt my wrist and said, "I don't feel any pulse." They turned the body over. Dr Reid reached over to the stand for some restorative and I went back into my body as easily as putting on a coat and sat up just as he was uncorking the bottle. I made them look up the towels to see that I had described them correctly and also examine the blood spot on the buckskin and I then described the operation and told them all they did and said.'

The account is accompanied by a letter of corroboration from Dr Reed (the correct spelling). However, the doctor's corroboration is concerned only with the fact that events had taken place during the operation as the patient had described them — it does not confirm that the patient was 'out of his body' while observing the events. Because of this, the most we are justified in inferring from accounts of this kind is that some sort of extra-sensory perception has occurred. We cannot also infer that in order to obtain the extra-sensory information the subject had to leave his body.

Many accounts do not even contain as much indication as this one of the actual occurrence of anything out of the way. Any ESP they may appear to contain may be quite unverifiable, or their whole content may be wholly fantastic and dreamlike. A well-known instance of the latter is Dr Wiltse's experience<sup>1</sup> in which the subject seemed to leave his body, walk out of his house, and only then find himself confronted with an unfamiliar road blocked by rocks and involved in a series of events of obviously symbolic significance. Sometimes, when a subject seems to be observing part of the normal physical world in an out-of-the-body state, it is found afterwards that some of the details do not correspond with reality. It is obviously tempting, therefore, to dismiss the whole class of these experiences as nothing more than peculiarly vivid dreaming, and if ESP seemed to occur in them, well, ESP is known to occur in ordinary dreams, so why not in vivid dreaming, too? There is plenty of evidence for the dramatic powers of the subconscious mind, and one way of rationalizing to oneself the acquisition of extra-sensory information about some distant event is to appear to oneself to be present at it. Against conclusions of this kind, we can set no evidence except for the assertions of the subjects that they were 'really' out of their body.

<sup>1</sup> F. W. H. Myers, *Human Personality*, Longmans & Co., London, 1903, Vol. II, pp. 315-21.

It may be objected that this is not true — that there could be, and in fact are, cases in which a second person has been able to bear witness to the subject's out-of-the-body experience. The following is a case in point:

'In the summer of 1905 Fox had a sweetheart with whom he discussed problems of ESP projection [the voluntary production of out-of-the-body experiences]. In response to his scepticism about her ability to project, she agreed to appear in his home on the night after they had been discussing the matter.

'Fox went to bed late and very tired. Sometime in the night, while it was still dark, he woke<sup>1</sup>. . . He could hear the clock ticking and dimly see the objects in the room. He lay on the left side of his double bed, waiting.

'Suddenly there appeared a large egg-shaped cloud of intensely brilliant bluish-white light. In the middle was Elsie, hair loose, and in her nightdress. She seemed perfectly solid as she stood by a chest of drawers near the right side of his bed. Thus she remained, regarded him with calm but sorrowful eyes, and rubbed her fingers along the top and front side of a desk which stood on the drawers. She did not speak.

'For what seemed to be some seconds, he could not move or utter a word. At last he rose on one elbow and called her name. Thereupon she vanished as she had come.

'The following morning, when they met, Fox found Elsie very excited and triumphant. "I did come to you!" she greeted him. "I *really* did. I went to sleep, willing that I would, and all at once I was *there*! This morning I knew just how everything was in your room, but I've been forgetting all day — it's been slipping away." She thereupon described in detail six particulars about the room which proved to be exactly correct.<sup>2</sup>

Here the person having the out-of-the-body experience was 'seen' by Fox. Yet a moment's reflection will make it plain that even this sort of case can be explained solely in terms of ESP; for Fox could simply have been receiving telepathic information about the contents of Elsie's mind — and these happened at this particular moment to be concerned with him and his bedroom. There *need* be nothing more to it than that.

However, although the telepathic hypothesis is the most economical explanation of the available evidence, there is no reason why additional evidence should not turn up which might invalidate it or prove it inadequate. This additional evidence cannot be subjective in nature, since telepathy could still be invoked in explanation. It would have to take the form of a physical event,

<sup>1</sup> The subject asserts that he was not in the normal waking state, but in a sort of dream state in which he only appeared to be in his room.

<sup>2</sup> Summary of case taken from Hornell Hart, 'Six Theories about Apparitions', *Proc. S.P.R.*, 50 (1956), p. 163.

capable of registering its own occurrence on some recording instrument; for example, it is possible that apparent visits to various places during an out-of-the-body experience might correlate with disturbances in a magnetic field at those places, and these could be recorded. At present, however, we have no idea of what sort of physical events might be involved, and indeed no solid evidence that any are involved.<sup>1</sup> We can only indicate the possibility that this might be the case (Note, however, that even were we to obtain such evidence, we still should not have proved the presence of the subject. For although it would be enough to invalidate a purely telepathic or ESP hypothesis, a combination of ESP and psychokinesis would still be sufficient to explain the observations.)

It is worth noting that even if an out-of-the-body experience does correlate with a physical event, some ESP must be involved when it is witnessed by a second person. Compare, for example, the case in which a physician appeared while 'out of his body' to a friend who was awake at the time and more than a thousand miles distant,<sup>2</sup> with the first of the two cases we have quoted, in which Dr Reed showed no awareness of his patient's 'second self' despite its attempts to remonstrate with him. Both are instances of out-of-the-body experiences, yet in one the subject succeeded in being 'seen' by a second person and in the other the subject failed to be 'seen' — and this against his will. Why should there be such a difference? The physical event cannot be something normally visible, otherwise it would be always visible in similar circumstances. We may therefore presume that it is something only paranormally visible. In the two cases compared above, the friend seems to have been doing nothing in particular, while Dr Reed was very busy — two sets of circumstances which have been observed respectively to favour and disfavour the occurrence of ESP. So, whatever the nature of the physical event that may correlate with an out-of-the-body experience, ESP seems the only means by which a second person can perceive it.

So far, we have confined ourselves to discussing the nature of the evidence for out-of-the-body experiences, and we have reached the conclusion that we have only the subject's word to go on. But he may be embroidering his experiences or even lying outright. How far can we trust him when there are no witnesses to confirm

<sup>1</sup> A possible exception is Muldoon's report of having been able to start a metronome while out of the body — though other explanations are possible (S. J. Muldoon and H. Carrington, *The Projection of the Astral Body*, Rider & Co., London, 1950 (new edition), pp. xxxviii-xxxix).

<sup>2</sup> The *Funk* Case, quoted by Hornell Hart, op. cit., p. 176.

his story? Obviously we cannot check up on him in detail, but there are some points which can be borne in mind.

For one thing, it is pretty certain that these experiences have some foundation in fact, even if only in psychological fact. In the first place, society at large is ignorant of their existence, so suggestion cannot be influencing the many subjects to whom they occur out of the blue. Secondly, accounts of the experiences from independent sources show marked resemblances to one another, and this is unlikely if they are all mere inventions. Thirdly, the subject himself is often aware of the extraordinariness of the affair and stresses just those points of his narrative which should convince the sceptic that at any rate something unusual has been happening. To this factor we owe the particular prominence given to ESP when it occurs in these experiences. Alternatively, he may stress that the sceptic can reproduce the experience for himself, if he wishes. Or again he may cling to his memory of it even in face of the avowed disbelief of everyone around him.

A second point to remember is that even though the experience itself may have *actually* happened, the events that occurred within it need no more have *actually* happened than dream or hallucinatory events — so far as we can tell from the evidence available to us at the moment. Therefore any statements by the subject which go beyond this (e.g. in postulating another world to explain them) are his personal theories and should not be taken as fact. They may be true — but as we cannot prove it either way, it is best to remain open-minded. This is particularly worth remembering when reading an author who refers to his theoretical ideas even when describing the experiences themselves. For example, Dr Whiteman writes in the course of one description:

"Two spaces were clearly superposed. In the one was a representation of the bed and [some strange] objects, as if out of focus . . . ; in the other, which was taken to be physical space (but which must have been a second duplicate space, since it was seen by interior eyes), the corner of the sheet and a handkerchief on a chair seemed to correspond with the out-of-focus objects. . . ."<sup>1</sup>

Here he is clearly referring to a number of independent three-dimensional spaces, and in fact they form part of his theory of out-of-the-body experiences so that he is intending the reader to take him literally. But this is an addition to the experience itself, and it is as well to make allowance for it. Similarly, theosophists and spiritualists put forward other interpretations (and again they *may*

<sup>1</sup> Dr J. H. M. Whiteman, *The Mystical Life*, Faber & Faber, London, 1961, p. 67.

be true) and it as well to make allowance for them in reading their accounts. Many of the accounts in Muldoon and Carrington's books, for example, show this intermingling of observation and theory. Even the dream-theory is only a theory, and may fall as far short of the real explanation as some of the other theories may go beyond it.

In conclusion, we may say that there is a class of experience in which a person seems to be separated from his body but that we should be careful to keep an open mind about the various theories put forward to explain it.

#### CIRCUMSTANCES IN WHICH OUT-OF-THE-BODY EXPERIENCES OCCUR

The circumstances in which out-of-the-body experiences occur are very various, and it is not easy to see what they have in common with one another. Most of them can be grouped under five headings: dreaming, and just before and after sleep; hypnosis; serious, often nearly mortal, illness; following shock; drug states, including those induced by some anaesthetics and hallucinogens.

Dreaming occurs in very light sleep and closely resembles a person's psychological and physical state just before falling asleep and just after waking up. So it is reasonable to regard the three states as more or less the same in relation to these experiences. The depth of sleep is not indicated in a number of spontaneous experiences in which the subject appears to wake from sleep to find himself already out of his body, but we may infer that it is probably a light one from the evidence on dreaming. The following experience, from which we have already quoted, occurred on waking:

'One evening after going to bed and falling asleep I awakened in the early hours . . . and saw a ray of light coming under my bedroom door, which gave out on a passage. I got out of bed, thinking the electric light had been left on by mistake. I assured myself this was not the case although there was quite a glow of light in the passage. I merely assumed this must be moonlight, although a moment's reflection would have made me realize this was an impossibility since the fanlight gave onto a staircase without any window lights. I came back into my bedroom and a feeling of utter peace and harmony possessed me. I felt myself gathered into some serene spiritual radiance. I seated myself on a chair and cannot say how long I remained there — perhaps only a minute — perhaps several minutes. When I got up with the intention of getting back into bed, to my surprise and a feeling of horror, I saw my own body stretched out on the bed asleep — at any rate completely motionless.

'At the same time it seemed that some invisible force lifted me and placed me on the figure in the bed and I was compressed back into that body as a picture into the frame. This was a very painful process and I was in a completely exhausted state, my heart thumping loudly and quickly so that I could hardly breathe. When I had recovered my composure I could think of no rational explanation of what had occurred but I went over each impression and movement very carefully so I should not give a garbled account of what had taken place. . . .

'I was completely sure this experience had been "real" — very much more real than [any] other experience I have ever had. . . . So far as I remember I was in good health and not suffering from any kind of worry or strain.'<sup>1</sup>

During the hypnotic trance a subject may be told by the hypnotist to 'go' somewhere and 'see' what is happening there. Clearly, if the subject's report is later substantiated, ESP may have been involved and the process is an example of what is termed 'travelling clairvoyance'. Conventionally it is assimilated to out-of-the-body experiences, though to the best of our knowledge no-one in this state has ever reported seeing his body from outside. The following case is reported only by the witnesses of the experiment (the brothers Suhr) and not by the subject himself, who might have been able to enlarge on the rather bald statements it contains. The subject was a lawyer named Balle and the hypnotist was called Hansen. The Suhr brothers write:

'Our mother lived at that time at Roeskilde, in Seeland. We asked Hansen to cause Balle to visit her. It was late in the evening, and after some hesitation on Mr Balle's part he made the journey in a few minutes. He found our mother sick and in bed, but with a slight cold only, which would pass off in a short time. We did not believe this to be true, and Hansen asked Balle to read on the corner of the house the name of the street; Balle said it was too dark to read, but Hansen insisted and he read "Skomagerstraede". We believed this to be quite wrong, for we knew that our mother lived in quite a different street. After several days we got a letter from our mother, saying that she had been sick and had removed to Skomagerstraede.'<sup>2</sup>

Being near to death is the single common characteristic of another set of experiences, though the circumstances of their occurrence are otherwise very different. For example, in the well-known case of the Huguenot minister, the Rev L. J. Bertrand, the proximate cause of the out-of-the-body experience was being frozen to apparent death while out mountaineering; the minister

<sup>1</sup> C. E. Green, *op. cit.*, pp. 142-3.

<sup>2</sup> Mrs Sidgwick, 'Supplement to the Paper on the Evidence for Clairvoyance' *Proc. S.P.R.*, 7 (1892), pp. 365-6.



said he seemed to become a 'ball of air in the air', attached to his body by an elastic string, and was able to see from on high the route taken by his fellow-mountaineers and his wife's activities, though feeling remarkably indifferent to it all and only desiring permanent release from his body.<sup>1</sup> By way of contrast, there are a number of cases of which the proximate cause seems to have been high fever. The following is an example of an out-of-the-body experience which occurred during delirium caused by dysentery:

'I was stationed in Aden in 1913 and was seriously ill with dysentery. I got to the stage of having to be lifted from side to side as I was too weak to move myself in bed. From the instructions I heard the M.O. give the orderlies (we had no nurses in Aden then) I gathered that a collapse was expected and that in the event of that occurrence I was to be given a saline injection via the rectum.

'Shortly afterwards, I found myself lying parallel to the bed, about three or four feet above it and face downwards. Below me I saw my body and witnessed the giving of the rectal injection. I listened to all the conversation of the two orderlies and of a strange M.O. who was directing affairs and was indeed a very interested spectator of the whole business. I remember well that the saline came from an enamel kind of vessel which was connected to a rubber tube — the vessel being held up at arms' length by an orderly.

'I found myself next back in bed, feeling much better. I told my story to the orderlies who were quite sceptical. I particularly enquired about the strange M.O. I found there had been one, he was en route for Bombay, I think, and had called at the hospital in time to help. I never saw him again.

'I have always been convinced that my spirit (or soul if you will) had actually left my body but returned as a result of the injection. . . .

' . . . the orderlies said I couldn't possibly have any knowledge of the matter, as I was quite unconscious before and after the operation.'<sup>2</sup>

A number of out-of-the-body experiences are reported as following shock and situations of crisis. The following case befell Dr Whiteman at the age of twelve and is of particular interest in relation to sensory deprivation:

'In the course of an experiment with yellow phosphorous in a small laboratory at the top of the house, a piece caught alight and stuck to one of my fingers for a moment. I felt no pain, but walked downstairs in order to have the burn dressed. In the kitchen my mother hastened to get a piece of cloth, while I stood watching her at the other end of the room.

'Presently I noticed the light in the room taking on a glowing, dream-

<sup>1</sup> His observations were confirmed, but the case was only reported a number of years after the event and may be unsound in detail in view of the over-dramatic style in which he reports it.

<sup>2</sup> "Out-of-the-body" Experiences', *Journ. S.P.R.*, 34 (1948), p. 210.

like quality, and almost immediately the ears appeared to go deaf. The objects in the room then appeared to become more distant, without, however, shifting their positions. Next, the sense of sight was removed, so that I stood with only the senses of touch, bodily feeling and spatial position. After another few seconds the feeling in the feet disappeared. It was not that the feet went numb, but simply that I appeared to have no feet. Space was either empty or annihilated there. The emptiness rose gradually higher in the legs, until I appeared likewise to have no lower part of the body.

"Then came a sudden change. All feeling in the body disappeared, but at almost the same instant I realized that I was still standing, aware, in a curiously interested but detached way, of the sound of some heavy object falling down about eight feet away, behind and slightly to the right. Before having time to reflect, I became conscious in the usual way, to find myself lying on the floor, having fallen down in a faint. I arose at once, feeling perfectly normal, and very ashamed at having apparently fainted when nothing whatever was wrong.<sup>1</sup>

The next example, a highly dramatic one, is an extract from the experience of the survivor of an air crash:

'As a result of the climbing turn [the plane] lost buoyancy and crashed to the ground. . . . Suddenly I was looking down on my body on the ground from some 200 ft. vertically above it. There are, however, two small points of interest here. One, that the moment it became obvious and clear that a crash was absolutely inevitable, and probably a fatal one at that, one lost all apprehension and worry at being up with this particular pilot, and the other that there was no trace of going over one's past life in a flash. One was entirely concentrated on the interesting and completely detached speculation as to how the aeroplane was going to hit the ground.

'I remember vividly being, as it were, in a state of pleasant awareness, about 200 feet directly above my body, and seeing the Brigadier and Lieutenant Colonel and also the pilot running towards my body, the pilot being on that occasion unhurt. My spirit, or whatever you like to call it, hovering there, was wondering why they were bothering to pay any attention to my body, and I distinctly remember wishing they would leave it alone.

'Suddenly "Pop", and I was aware that the Medical orderly was pouring neat sal volatile down my throat! . . .

'... if I had to describe in a very few words the centre of my emotions, they were the spirit of awareness, and the spirit of contentment and complete happiness as to what was going to happen to me, and that I was still aware that I had been in a body, though no longer interested in it."<sup>2</sup>

<sup>1</sup> Dr J. H. M. Whiteman, op. cit., p. 56.

<sup>2</sup> *Journ. S.P.R.*, 39 (1957), pp. 92-7. For reasons of space I have omitted from this case the references to apparent ESP it contains. Again, the fact that it was reported some twenty years after its occurrence should be borne in mind, even though the writer insists he remembers the incident well.

An example of out-of-the-body experiences induced by an anaesthetic is given in the case quoted on pp. 288-9. Dr Reed stated that the patient was given a mixture of ether and chloroform — the latter in particular seems often to have caused experiences of this kind. Morphine seems occasionally to have a similar effect, but barbiturates do not and this may be due to the fact that they act rather differently on the brain. Of the hallucinogens, lysergic acid (LSD) and hasheesh have been associated with these experiences. Dr Harman, a professor at Stanford University, U.S.A., said that in one of his LSD experiences:

'I found that "I" was completely detached from my body and free to wander at will. "I" was floating in faint blue and vast space, congruent with ordinary, three-dimensional space, and yet somehow in another dimension. R — . . . was there with me. In addition there was a third presence which I could neither see nor feel, but knew was there. I knew this third presence was God. . . . (At this time "I" was hovering about 10 ft. above my body and could "see" perfectly clearly the group sitting about below engaged in their silly pursuits.) . . . Then I was caught up in the updraft (*sic*) of a powerful force and went soaring up towards a light that had appeared. I was alone, utterly alone, completely detached from all I had ever considered "real" and in the presence of the reality behind the "real".'

(He then describes a state of ecstasy).

'How long I remained there (i.e. in the ecstatic state) I had no idea — time has no meaning there. From being present with others when they experienced the same thing, I realize it was probably a matter of no more than a few seconds by our time scale.'<sup>1</sup>

According to Fitzhugh Ludlow, hasheesh or hemp can also produce an out-of-the-body state. Although much of his book, *The Hasheesh Eater*, is coloured by his evident desire for excitement, it seems unlikely that he could have completely invented the following description:

'From where I was hovering in the air I could look down upon my former container. . . . The breast rose and sank. . . . The temples were pulsing and the cheeks coloured. . . . Filled with amazement, I examined the body carefully. . . . To me it seemed nothing more than a stranger would seem. . . . In this *preferred* condition, I was hindered by none of the objects of the world of matter. . . . To myself, I was visible and tangible, yet I knew that no physical eye could see me. . . . I could go through the walls of the room and come back again. I could look up through the ceiling and see the undimmed stars shining in the night. . . .

<sup>1</sup> Extract from a report contained in a personal communication from Myron Stolaroff, 525, St. Francis Court, Menlo Park, California, U.S.A.

This was neither an illusion of the senses nor a dream. . . . A voice commanded me to return into the body. . . . It said: "The time is not yet" . . . and I returned."<sup>1</sup>

As a number of other hallucinogens produce marked changes in the subject's perception of his relationships to his body, it is possible that they, too, may initiate out-of-the-body experiences.

All the experiences quoted hitherto are of the sort to be found in publications on psychical research. But medical and scientific journals also contain papers on very similar experiences that happen in still other circumstances — such as sensory deprivation, migraine attacks, and during the electrical stimulation of the brain.

Sensory deprivation, as the name suggests, has to do with the effect on a person of being deprived of most, if not all, of the sensory information he normally receives from his environment. In a fairly typical experiment, the subject may be put in a sound-proof cubicle where he relaxes on a bed, wearing translucent goggles and cotton gloves and long cardboard cuffs that extend right over his hands. In this way he hears as little noise as possible, the muscular tension needed to resist gravity is minimized, he sees only diffuse light and no distinct shapes, and he cannot touch anything very much. A number of psychological and physiological changes in the subject are the result, and sometimes they include an altered relation to the body. This was reported in one experimental series<sup>2</sup> by three out of the fourteen subjects used. For two of them, 'it was as if there were two bodies side by side in the cubicle; in one case the two bodies overlapped, partly occupying the same space.' The man to whom this happened said it was as if 'There were two of me' and he was momentarily unable to decide which he was. The third reported, 'My mind seemed to be a ball of cotton-wool floating above my body' (compare the Huguenot minister's 'ball of air in the air').<sup>3</sup> Yet another subject did not report having felt separate from his body, but did describe a complex sensory-motor hallucination in which he appeared to go towards a hallucinatory door and to receive an electric shock from the knob when he tried to open it. These observations can be paralleled by incidents from out-of-the-body experiences, but unfortunately for us the experimenters do not seem to have been aware of the literature of psychical research and so do not discuss their findings in any detail. Perhaps they were also influenced by

<sup>1</sup> Quoted in S. Muldoon and H. Carrington, *The Phenomena of Astral Projection*, Rider & Co., London, 1951, pp. 64-5.

<sup>2</sup> W. H. Bexton, W. Heron and T. H. Scott, *Canadian Journal of Psychology*, 8 (1954), pp. 70-6.

<sup>3</sup> Cf. also Dr J. H. M. Whiteman, *op. cit.*, p. 149.

the fact that such experiences do not occur very frequently during sensory deprivation — though it is of course significant that they occur at all in these conditions. Before leaving this topic, let us note that the possible relevance of this work to our understanding of out-of-the-body experiences is strikingly suggested by the case already quoted on pp. 295–6, in which the slow onset of one is accompanied by the loss first of hearing, then of sight, and lastly of touch and bodily feeling. In fact, many out-of-the-body experiences do seem to occur in situations in which the senses are in abeyance, as the examples already quoted show. But we cannot make this into a general rule since there are a number of exceptions to it (for example, the one in which a subject seems to be separated from his body, yet his body continues to behave normally).<sup>1</sup>

Interestingly enough, the experiences that occur before, during, or after migraine attacks are among these exceptions. In fact, one sufferer from migraine stressed that 'this particular sensation of being two people always occurs when I am walking . . . or driving . . . [and] always . . . while I had a migraine headache, or had just recovered from one'. The following passage is representative of out-of-the-body experiences of the migraine type:

'While performing some accustomed mechanical action I will find myself in two places at once. I have the distinct impression that I am two people; one is going through the actions of eating, reading or sitting down, etc.; the other "me" is suspended up and above to one side, perceiving or contemplating myself in a detached sort of way. The impression comes and goes in a flash.'<sup>2</sup>

In six out of eight cases reported in a paper on this topic, the patient identified himself with the non-physical self, which two of them said seemed more 'real' than their physical body. Reference is twice made to a strange indifference to the fate of the physical body and of odd feelings of coldness or coolness in the non-physical self. The duration of the sensation varied from a flash to several seconds or even minutes with different patients. The patients did not usually tell others of their sensations for fear of being thought queer, and their accounts were usually obtained by asking whether they ever had a 'sense of detachment'. From these facts we can see that, though the experiences of migraine-sufferers do not resemble out-of-the-body experiences in every way, they are sufficiently alike to be worth considering together.

Lastly, we come to the electrical stimulation of the brain, which is not of course done experimentally but is necessary for certain

<sup>1</sup> Cf. *Journ. S.P.R.*, 25 (1929), pp. 126–8.

<sup>2</sup> Caro W. Lippman, 'Hallucinations of Physical Duality in Migraine', *Journal of Nervous and Mental Diseases*, 117 (1953), pp. 345–50.

brain operations — more especially those performed on epileptics. The following passage is a condensation of an account of one patient:

The patient, a man of thirty-three years, suffered from epileptic attacks which were due to an atrophic discharging [i.e. electrically over-active] lesion deep in the right temporal lobe. His attacks included feelings of dizziness (he felt as though he were whirling around) and interpretive illusions of familiarity, of fear and of leaving his body. He said he was apt to have a strange feeling that all of this had happened before — it was as though he were in the “future listening to the past” — and that after this he was seized with a feeling of fear and was aware of a tight sensation in his stomach and rectum. Attacks might be precipitated by his hearing a startlingly sudden sound or smelling a heavy cloying perfume. Sometimes these minor seizures were followed by automatism and falling, with a brief interruption of consciousness, but major convulsive seizures were rare.

At the operation, the right temporal lobe was exposed under local anaesthesia.<sup>1</sup> Deep electrical stimulation at a depth of 2 cm. along the superior surface of the temporal lobe, within the fissure of Sylvius, caused the patient to say suddenly, ‘That bitter sweet taste on my tongue.’ He seemed confused and made tasting and swallowing movements. The stimulating current was shut off and the electrocorticogram showed that a slow after-discharge had been set up. While this was continuing the patient exclaimed, ‘O God! I am leaving my body.’ Another doctor, who was observing him, said he looked terrified at the time of the exclamation and made gestures as though he sought help. When the electrocorticogram had returned to normal, the patient was asked whether that had been like his habitual seizures. He replied, ‘A bit, Sir,’ adding after a pause, ‘I had the fear feeling.’ Deep stimulation at a near-by point produced vestibular sensations — once he felt he was spinning round and once he felt he was standing up.

In summary, the record fails to state whether he experienced the illusory feeling of familiarity during stimulation, but it does state that stimulation reproduced the whirling dizziness, the fear, and the sensation of leaving his own body. In addition he had the sensation of standing upright, though of course he was doing nothing of the sort.<sup>2</sup>

This account contains a number of very interesting points. Principally, of course, it suggests that certain areas in the temporal lobe may be associated with out-of-the-body experiences. Several of the other observations it contains support this. Firstly, the whirling sensations, the dizziness and the feeling of standing

<sup>1</sup> The patient is conscious throughout, for the brain is insensitive to pain and only a local anaesthetic is needed for opening up the skull.

<sup>2</sup> Condensed from Wilder Penfield, ‘The Twenty-Ninth Maudsley Lecture: The Role of the Temporal Cortex in certain Psychical Phenomena’, *Journal of Mental Science*, 101 (1955), pp. 451–65.

upright have been reported to occur at the start of out-of-the-body experiences.<sup>1</sup> Secondly, a 'wild and unreasonable fear' was said by one writer to accompany the process of forcing himself to leave his body,<sup>2</sup> which is perhaps paralleled by the uncaused fear felt by this epileptic patient. Thirdly, apparent familiarity with an unfamiliar scene is reported twice by Dr Whiteman.<sup>3</sup> Other results of stimulating the temporal lobe are hearing buzzing noises and familiar tunes, seeing and hearing complex hallucinations, and illusions that what one is seeing or hearing is receding from one or coming nearer to one — all these have relevance to our subject of discussion. In addition to the temporal lobe, the area of cortex which integrates all our sensations to form our 'body-image' is probably also involved in out-of-the-body experiences. Part of this area, the higher visual cortex, was damaged in an epileptic who sometimes had 'a sudden feeling of being detached from his body, so that he was observing it as if looking at someone else . . . from outside'.<sup>4</sup> These and other observations suggest that the brain mechanisms subserving hallucinatory activity may be involved in certain aspects of out-of-the-body experiences.<sup>5</sup> It should be noted that migraine, like epilepsy, is associated with an abnormal electrical discharge in the brain, so that the out-of-the-body experiences it gives rise to may involve much the same areas of the brain in much the same way.

The number and the detail of the accounts quoted in this section may seem excessive, but I have done this deliberately in order to present as clearly as possible our discussion of the factors involved in these experiences, which now follows.

### SOME PSYCHOLOGICAL CHARACTERISTICS

An unexpected feature of out-of-the-body experiences is the frequency with which people report *not* being frightened by them. Some will admit to being surprised — our Huguenot minister was 'astounded to recognize [his] own envelope' — but quite a number, even so, comment on their lack of fear.

<sup>1</sup> 'Yram', *Practical Astral Projection*, London (undated), p. 47, 57, 61 and 64. S. Muldoon and H. Carrington, *The Projection of the Astral Body*, op. cit., pp. 27-8. These authors suggest that epilepsy may be closely associated with out-of-the-body experiences.

<sup>2</sup> Oliver Fox, 'The Pineal Doorway: a Record of Research', *Occult Review*, 31 (1920), p. 194. Cf. also the sensation of nameless fear, 'Yram', op. cit., pp. 57 and 69.

<sup>3</sup> Op. cit., p. 69.

<sup>4</sup> W. Ritchie Russell and C. W. M. Whitty, 'Studies in Traumatic Epilepsy', *Journal of Neurology, Neurosurgery and Psychiatry*, 18 (1955), pp. 79-96.

<sup>5</sup> The reader must not think I am being reductionist. I am merely stating that psychological events have physiological correlates — no more and no less.

However, there are exceptions, and interestingly enough, the people who do react with alarm or fear to the realization that they seem to be separated from their body<sup>1</sup> are, to the best of our knowledge, those who are in normal or near normal health at the time. They may be tired or a little below par, but they are not near death or in a state of shock or under the influence of drugs or anaesthetics.<sup>2</sup> A good example is the woman who, realizing with horror that she was out of her body, promptly returned to it, and who stresses that her health was quite normal at the time (cf. p. 294). Not every normal subject reacts in this way, but it is only among the normal that this reaction seems to occur. Again, an idea that often occurs to the subject on 'seeing' himself from outside is that he is dead. But it alarms only those in normal health and not those in abnormal health, who are curiously undisturbed by it. Why these differences should exist is not obvious.

Sometimes, instead of merely a lack of fear, a more positive emotion, the feeling of detachment, seems to arise. This was particularly conspicuous in the case of the man who was involved in a plane crash (cf. p. 296). His was an involuntary out-of-the-body experience, but some of those who claim to produce the experience at will also stress the importance of this factor. Oliver Fox, for example, remarks that, if 'in the moment of giving way to my emotion I lost my mental control; my body whisked me back again, perhaps with such violence that . . . my experiment ended'.<sup>3</sup> Quite a number of subjects become so detached as even to feel indifferent to or to despise their physical bodies. Again, this occurred most frequently among those in abnormal states of health, but not invariably so. For example, though the Huguenot minister could describe his body as a 'horrid thing' and a 'dirty rag', and a very few normal subjects are similarly scornful, Dr Reed's patient became quite worked up over a detail of the surgeon's performance (cf. p. 288) and Fitzhugh Ludlow (cf. p. 297) gives quite a flattering description of his own body under hasheesh.

Other emotions occasionally reported include loneliness (which was felt by Oliver Fox, for example, both when he was once unable to get back to his body and again in a peculiar experience in which he was zooming straight up through the sky away from the earth)

<sup>1</sup> The 'unreasonable fear' of Oliver Fox (cf. p. 301) may be disregarded, as it seems not to have occurred in response to anything and in any case preceded the out-of-the-body experience.

<sup>2</sup> It may be objected that the epileptic patient felt alarm after 'leaving' his body. But feelings of fear, unrelated to any cause, occur in epilepsy and the patient refers to 'the fear-feeling' as if it may have been one of these and as if it was independent of the sensation of leaving his body.

<sup>3</sup> *Occult Review*, 31 (1920), p. 253.



and the loss of the sense of the passage of time (again experienced by Oliver Fox, also by Dr. Harman, cf. p. 297, and others), and very occasionally a sense of increased power.

A wide cross-section of subjects report an overall enhancement of subjective experience while out of the body. They talk of feeling much more alive or of the tremendous sense of 'physical' and mental freedom the experience gives them. One remarks, 'My thinking attained the utmost clarity,' another notes a 'sense of freedom' that was 'almost ecstatic', and yet another talks of feeling 'a grand and luminous joy in being alive, as if I lived a thousand lives at once'.<sup>1</sup> Some comment on an increased clarity of vision or on the extreme vividness of the whole experience. Oliver Fox in his numerous accounts always couples sensations of physical and mental well-being with mention of the vividness of everything. This vividness is so great as to compel some to say, with the woman on p. 294, 'I was completely sure this experience had been "real" — very much more real than any other experience I have ever had.'

All these observations concern the subject's feelings and sensations *during* the out-of-the-body experience. The majority of subjects, as our examples have shown, do not induce the experience deliberately — its occurrence is involuntary. But some do claim to be able to induce it deliberately, and have some interesting remarks to make on how this is done. Dr Whiteman, for example, says that if he dreams and is able to recognize that he is dreaming without waking, he can then control the course of the dream and effect a separation from his body. He stresses the need for an emotional detachment both while doing so and during the experience itself.<sup>2</sup> Oliver Fox also found this a good approach, though he does not mention the need for detachment in 'leaving' the body, and adds that it is also possible to initiate an experience while in a relaxed and drowsy state.<sup>3</sup> Muldoon includes with the dreaming the hypnagogic and hypnopompic states (i.e. just as one is falling asleep and just as one is waking) which are very similar to the dreaming state and may be the equivalent of Fox's drowsy state. He differs from Dr Whiteman and Fox in his methods of dream control and from Dr Whiteman in suggesting not detachment but obsession as the desirable starting point; for example, the subject may choose deliberately to become very thirsty, go to bed without satisfying his thirst, and then discover himself outside his body near a tap.<sup>4</sup> All three agree on the necessity of remaining

<sup>1</sup> S. Muldoon and H. Carrington, *The Phenomena of Astral Projection*, op. cit., pp. 150, 178, 199-200.

<sup>2</sup> *The Mystical Life*, op. cit.

<sup>3</sup> *Astral Projection*, op. cit.

<sup>4</sup> *The Projection of the Astral Body*, op. cit.

calm throughout the experience, which otherwise may end abruptly.

### SOME PHYSIOLOGICAL CHARACTERISTICS

Quite a number of subjects have left descriptions of the state in which their physical bodies seemed to them to be while they were out of their body. But in view of our uncertainty over the status of out-of-the-body experiences (for example, whether they are purely hallucinatory or not) we cannot rely on their testimony. Unfortunately, there is very little other evidence. Dr Whiteman remarks that on one occasion 'my wife became alarmed at the death-like stillness of my physical body, and by touching it caused me to return'.<sup>1</sup> Dr Reed's patient also may have looked like this — at any rate his pulse failed and he was on the point of being given some restorative, events which seem to have been confirmed by the doctor. Not everyone returns to his body as easily as either of these two, for some record how difficult it was for them to be aroused. The Huguenot minister, for example, was revived by being rubbed with snow and dragged about.

In addition to the reports of witnesses, we have of course some knowledge of the varied circumstances in which these experiences occur. But it is difficult to see what factors the different sets of circumstances have in common. For example, the increased pulse rate and respiration rate of fever and frequently of LSD states, in both of which out-of-the-body experiences have occurred, are obviously different from the normal or below normal rates occurring in dreaming. But we may be making difficulties here, for a comparison of what *normally* happens in fever, drug states, shock, etc., may be misleading. Individuals can vary very much from one to another in their reactions to identical situations, and perhaps it is just this variability that conceals the existence of a single bodily state subserving all out-of-the-body experiences. (I do not mean to say that this is so, or even that it is likely to be so — only that it is possible.)

Rather more is known about the physical state from which it is possible voluntarily to start an out-of-the-body experience. We have already observed that dreaming or a drowsy waking state (cf. p. 303) is favoured by subjects who say they can have these experiences more or less at will. From this we can infer that muscular relaxation, a slower heart-rate, a drop in body-temperature, and an overall decrease in the volume of air breathed in comparison with the normal waking state should characterize one's

<sup>1</sup> *The Mystical Life*, op. cit. p. 52.

state during the voluntary initiation of these experiences. One subject, interestingly enough, reports that in attempting to initiate an experience he found deliberately slowing the heart to be helpful.<sup>1</sup> Another comments that numbness rapidly supervened on the muscular relaxation;<sup>2</sup> this is probably to be related to the catalepsy that sometimes precedes an out-of-the-body experience.

Sometimes the end of an out-of-the-body experience is characterized by rapid heart-beating, difficult breathing and sensations of shock, but this seems to occur only when the experience has been ended by or with some emotional disturbance. This is true, for example, of the lady who was so startled to see her own body from outside that she at once found herself being 'compressed back into' it and with her 'heart thumping loudly and quickly so that [she] could hardly breathe' (cf. p. 294).

Common to both the start and the end of various of these experiences are catalepsy and the hearing and seeing of apparently hallucinatory noises and lights, such as surging and crackling sounds and odd flashes of light.<sup>3</sup>

#### SOME CONCLUDING REMARKS

The accounts we possess of out-of-the-body experiences vary very much in quality and in the degree of introspection the subjects show, and for these reasons it is often impossible to generalize about them without becoming wildly speculative. However, this state of affairs is not quite hopeless. We can still ask questions, even if we cannot yet answer them. So the following few paragraphs do not pretend to do more than state a few of the problems that seem to arise from a consideration of the available evidence.

First, there is the disagreement over the cord. Some subjects report having seen an elastic cord of varying thickness linking their disembodied self to their physical body (compare the Huguenot minister, p. 294). Others do not mention it at all, and one or two insist that they could not see it however hard they looked for it. However, Oliver Fox makes an interesting remark: he says that when the trance condition which he finds necessary for these experiences is weakening but he is still resisting the 'pull' to return to his body, 'it is *as though* one tugged against a rope of very strong elastic' (my italics).<sup>4</sup> Elsewhere he says he only once saw the cord and that was during an experience initiated by chloroform. His

<sup>1</sup> S. Muldoon and H. Carrington, *The Projection of the Astral Body*, op. cit., p. 131 ff.

<sup>2</sup> Oliver Fox, *Occult Review*, 31 (1930), p. 196.

<sup>3</sup> Cf. 'Yram', op. cit., pp. 57 and 61.

<sup>4</sup> *Occult Review*, op. cit., p. 252.

observations suggest a possible way out of the difficulty. If a strong attraction exists between the disembodied self and the physical body, its existence may be communicated to the conscious mind by means of a symbolic representation, i.e. it could be seen as a cord. This view becomes more plausible in the light of other accounts which indicate that the cord is usually felt or seen only at the beginning and end of the experience — that is, when the attraction to a normal state of consciousness is likely to be strongest. However, it does raise at least one difficulty. For, granted that the cord may symbolize some real state of affairs — whether this means physically real or psychologically and emotionally real — how much else of the experience may not be symbolic also? To take one instance, the 'body' the subject has while separated from his physical body may resemble his own or be better looking than it, or be quite different from it, may be naked or dressed, may be merely a balloon shape of some misty stuff — or may not be there at all:

'Occasionally I have not been able to see any astral body when I looked for it — no legs, no arms, no body! — an extraordinary sensation — just a *consciousness*, a man invisible even to himself, passing through busy streets or whizzing through space.'<sup>1</sup>

This suggests that the astral body may only be there to symbolize one's own existence to oneself — and if even it is merely a symbol, where is one to draw the line?<sup>2</sup> This is a difficult question, and one which we as yet cannot answer.

Another question is raised by autoscapy. Autoscapy is simply the seeing of one's 'double' (or the Doppelgänger) and is usually regarded as a special kind of hallucinatory activity. Poets and writers seem peculiarly prone to the experience, perhaps merely because they leave a record of it. Guy de Maupassant, for example, who eventually died of dementia paralytica, asked his friend Bourget,

'How would you feel if you had to go through what I experience? Every other time when I return home I see my double. I open the door and see myself sitting in the armchair. I know it is a hallucination the moment I see it. But isn't it remarkable? If you hadn't a cool head wouldn't you be afraid?'<sup>3</sup>

<sup>1</sup> Oliver Fox, *Astral Projection*, op. cit., p. 129.

<sup>2</sup> Mechanistically, it could be argued that all these variations derive solely from the differing degrees to which the various areas of the brain concerned with the body-image were activated at the time of the experience. In the case quoted from Oliver Fox, for example, the pure 'consciousness' might have been simply a kinaesthetic hallucination with the visual components absent.

<sup>3</sup> Quoted in J. Todd and K. Dewhurst, 'The Double: Its Psycho-Pathology and Psycho-Physiology', *Journal of Nervous and Mental Diseases*, 122 (1955), p. 48.

Autoscopy is different from out-of-the-body experiences because the subject remains 'in' his body and does not seem to himself to become identified with his 'double'. But are the two kinds of experience related? Very probably, yes. There are a few reports that people can first see their body from the point of view of their 'double' and then suddenly find themselves gazing at their double from the point of view of their normal body. One subject records that on one occasion she was able to do both simultaneously:

'I was lying in bed cogitating about doing something extremely agreeable but entirely selfish. I was suddenly aware of being in two places at once. One "me" was still lying in bed looking as I normally do. The other "me" was standing at the foot of the bed, very still, very straight, dressed in white with a Madonna-like veil over the head. I was aware of the extreme whiteness of the clothes. We then had a spirited discussion. The white "me" said: "You know that you will not do this." The "me" in bed flung itself about in exasperation at the impassive authority of the white "me" and said: "I shall do what I like, you pious, white prig." I was definitely both "me's" and conscious in both places simultaneously. There was no sense of a third "me" linking the two. Each "me" could see the other, with its expected exterior surroundings all the time. The white "me" felt sympathy, but contempt for the other "me". I may say that the white "me" won. I have no memory of the process of coalescing; merely at a given moment both "me's" were observing the exterior world from the same place.'<sup>1</sup>

The 'double', like the body of the subject of an out-of-the-body experience, need not duplicate the ordinary body, but may seem older or younger, solid or transparent, and so on. The physiological circumstances in which autoscopy and out-of-the-body experiences occur are sometimes similar — fatigue, fever, labyrinthine disturbances, epilepsy and migraine. Further, autoscopy is sometimes part of the hallucinatory activity that arises from damage to the posterior parietal lobe and nearby areas of the cortex — parts of the brain which may also be involved in out-of-the-body experiences (see p. 300).

Another problem posed by out-of-the-body experiences is their relationship to other states of consciousness. How precisely are they related, not only to sleep and the normal waking state, but to hypnosis mediumistic trance and other ESP states? With regard to sleep and waking, all we can say at the moment is that out-of-the-body experiences may occur in either but seem most often related to dreaming and drowsy states, from which they differ in a number of ways (for example, dreaming is not usually associated with catalepsy, though body-movement is to a considerable extent

<sup>1</sup> G. N. M. Tyrrell, *The Personality of Man*, Penguin Books, 1947, p. 195.

inhibited during it). Much work remains to be done and the results of recent physiological researches into the nature of dreaming<sup>1</sup> could be utilized for this purpose. The relationship of out-of-the-body experiences to hypnosis is also obscure. The 'travelling clairvoyance' produced by hypnosis has only rarely been reported and then not in sufficient detail to make it clear how closely it resembles conventional out-of-the-body experiences. We do not even know if hypnotic catalepsy occurs with 'travelling clairvoyance', as catalepsy sometimes does with out-of-the-body experiences. Nevertheless, it is possible that hypnotic suggestion may remove the subject's awareness of the improbability of being separated from his body — an awareness which Muldoon and Carrington seem to think inhibits the occurrence of the experience<sup>2</sup> and to which Dr Whiteman may be referring when he talks of the inhibitory effect of fixed ideas.<sup>3</sup> This is very speculative, though no more speculative than much that is written about hypnosis itself. The real difficulty here is that one is attempting to relate one unknown state of affairs to another almost equally unknown state of affairs, and obviously one cannot formulate such a relationship with any clarity! There are some assertions by mediums that they are out of the body during trance, but only a few make this statement. Mrs Leonard certainly reports having had many out-of-the-body experiences, but does not report their occurrence during trance. Again, the evidence is insufficient even to suggest what form the relationship between these experiences and mediumistic trance should take. There are also some indications that other ESP states may have some bearing on these experiences (we may compare, for example, the resemblance of the circular visions or 'openings' of Dr Whiteman to crystal gazing and to the circular ESP vision of Mr Gottschalk).<sup>4</sup> The one thing to emerge clearly from this collection of tantalizing hints is the depth of our current ignorance. Our only consolation is the evident richness of the fields of research before us.

There are several ways in which we can remedy our defective knowledge. One is to collect more evidence. The more reports we have of spontaneous out-of-the-body experiences, the easier it becomes to discern what factors are and are not fundamental to their occurrence. Again, it seems to be possible to develop the

<sup>1</sup> Cf. William Dement, *Science*, 131 (1960), No. 3415, pp. 1705-7.

<sup>2</sup> *The Projection of the Astral Body*, op. cit., pp. 166-7.

<sup>3</sup> Op. cit., p. 52.

<sup>4</sup> G. N. M. Tyrrell, *Apparitions*, Duckworth & Co., 1953 (revised edition), pp. 49-50. Compare also the stimulating discussion of apparitions and out-of-the-body experiences by Hornell Hart in 'Six Theories about Apparitions', op. cit.

ability to have these experiences at will (though those who claim to have done so warn off people with weak hearts) and anyone who is successful in this could provide not only valuable additional evidence but take part in experimental work designed to discover more about the physiological and psychological factors involved. Such experimentation could be partly based on the physiological methods of research into dreaming already mentioned. Hypnosis is another means of approach. It would be very useful if the work on travelling clairvoyance could be repeated and the subject in addition submitted to various tests devised to discover as much as possible about the experience and about its relation to hypnosis, so that we were not again left with the bare statement of the fact of its occurrence.

Few people would deny that out-of-the-body experiences are surprising. But it is not so widely realized that their surprisingness is important. They surprise us because they appear to contradict our conscious or unconscious assumption that at any rate in life we are indissolubly linked to our bodies and they to us — and this has an obvious bearing on our view of the universe. So to explain these experiences away merely by invoking vivid dreaming or hallucination is not good enough. The explanation may be true, but it is intellectually lazy to refuse to consider other possibilities — and intellectually inert to do nothing to establish it one way or another.

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